



Retired Senior Volunteer Program

Serving North Central Montana

PO Box 2486 Great Falls, MT 59403

Phone 406-454-6994 Email volunteerpower@yahoo.com

VOLUNTEER ENROLLMENT FORM

Name _____ Date _____

Address _____ City _____ Zip _____

Phone _____

E-mail Address _____ Sex _____ Race _____

Birth Date _____ Tribal member Yes / No Veteran Yes / No Disabled Yes / No

Driver's License Number _____ Expiration Date _____

Last grade completed (Education) _____ Employment status: _____

Kind of Volunteer Assignment Desired (In order of Preference) **How Did You Hear About Us:** _____ Family

1. _____ Friend's name

2. _____ Newspaper

3. _____ Radio

_____ Staff

_____ TV

Days Available:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Any Months Not Available _____

Previous Work/Occupation _____

Volunteer Experience _____

Any Physical Limitations _____

RSVP Accident Insurance Beneficiary

Name _____ Phone _____

Address _____ Relationship _____

In case of emergency Contact _____

I hereby volunteer my services through the Cascade County Retired and Senior Volunteer Program. If I use my car in volunteer service, I will keep in effect the minimum Liability Insurance. I understand there may be times during my volunteer service that the media may take pictures or film volunteers at work. As a volunteer if I do not want to be shown in the media I understand it is my personal responsibility to decline an interview and/or move from camera shot.

Volunteer Signature _____

RSVP Staff Signature _____

Revised 11/21/07